

CTChiro

Connecticut Chiropractic Association

2257 Silas Deane Highway
Rocky Hill, Connecticut 06067

Statement of Marc Peyser, D.C.
Insurance and Real Estate Committee

In support of HB 5438

Sen. Crisco, Rep. Megna and members of the committee:

I am Dr. Marc Peyser, a Chiropractic Physician who has practiced in Stamford for 32 years. I have served as chairman of the State Board of Examiners for Chiropractic, and president of the Connecticut Chiropractic Association, who I represent today.

We support HB 5438, *An Act Limiting Copayments, Deductibles or Other Out-of-Pocket Expenses for Chiropractic Services.*

I am here on behalf of my patients, your constituents, who are increasingly being forced to bear the burden of high health care costs. But it is not just the premiums that have weighed heavily. It is also the individual visit expenditures. As you can see from the attached redacted EOBs, insurers are using co-pays to lower the payment they make for services. Ultimately, this ends up shifting the cost to patients.

It is making the benefit illusory or a "phantom benefit". A patient thinks they have at least partial coverage for office visits because their "benefits page" says they do. But when the built-in deductibles and co-pays are imposed they have very little, or at times as I will discuss, no benefit at all.

My concern and examples today focus on our intent, which was to discuss co-pays and try to limit them to 50 percent maximum of a cost. Insurance companies can claim they have a benefit for Chiropractic under current law—when they really do not because the patient keeps getting hit with co-pays that exceed the approved costs.

Many patients are under the impression that as their co-pay goes up, their doctor receives more money for the service. They don't realize that as participating providers we have agreed on discounted rates. As their co-pay rises, the fee for services remains the same—the insured just contributes a greater percentage.

What happens when the co-pay is higher than the allowable charge? The customer service operator that my insurance manager was able to reach in Malaysia told us, in one case, we owed the patient \$1.77 for her visit.

In conclusion, the Connecticut Chiropractic Association supports this legislation and we hope you enact it so that patients can receive the Chiropractic benefits to which they are entitled. You can do that by limiting co-pays to no more than one-half of the cost of service. Thank you



P.O. BOX 981106
EL PASO TX 79998-1106
USA

EXPLANATION OF BENEFITS

Please Retain for Future Reference
MARC D PEYSER DC / PIN: 0004217651
Check No: 08608-020759060
Page 2 of 2

JAN 5 2010

MARC D PEYSER DC
778 LONG RIDGE RD STE 102
STAMFORD CT 06902-1265

Date Printed: 01/01/2011
Tax Identification Number: XXXXXXXX5344

Notes:

Update your address, telephone number, email address and/or NPI information by visiting www.aetna.com/provweb/, www.aetnadental.com or www.aetnaglobalbenefits.com and select Update Personal Information.

Patient Name:

Claim ID: EX34PPV0P00 Recd: 12/16/10 Member ID: W162993916 Patient Account: 001-142 1 PRA

Member:

Group Name:

Product: Aetna Open Access® Managed Choice®

Aetna Life Insurance Company

DIAG: 7292 7392 7391

Group Number: 326350-20-006 G PBDQ-0

Network ID: 00387 CONNECTICUT (MC)

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/13/10	11	98941AT	1.0	50.00	31.16	31.16					31.16	0.00
12/13/10	11	97012	1.0	20.00	15.70	8.84					8.84	6.86
TOTALS				70.00	46.86	40.00					40.00	6.86

ISSUED AMT: \$6.86

Remarks:

The member's plan provides benefits for services or supplies which are necessary for treatment of disease or injury. To determine whether future claims meet this requirement of the member's plan, we may request additional information from you. Future claims for this type of service may not be covered if this requirement is not met.

A medical necessity determination based on the specific plan of benefits and medical records will be conducted at a specified point in time during the course of therapy for physical & occupational therapy, acupuncture, osteopathic therapy and chiropractic treatment. Generally medical review is not needed for these services if the course of treatment does not exceed 25 visits. Claims for therapy services beyond the 25th visit are subject to medical review, even if the member's plan has unlimited benefits, and even if the services are provided by a participating provider.

The decision regarding therapy benefits beyond 25 visits is dependent upon the timely submission of records. 903

For Questions Regarding This Claim P.O. BOX 14079 LEXINGTON, KY 40512-4079

CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$40.00

Claim Payment: \$6.86

Total Payment to: MARC D PEYSER DC

\$6.86

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this statement or for help with other questions, please be prepared to provide your Aetna provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the Aetna member's ID number.



P.O. BOX 981106
EL PASO TX 79998-1106
USA

EXPLANATION OF BENEFITS

Please Retain for Future Reference
MARC D PEYSER DC / PIN: 0004217651
Page 2 of 4

JAN 3 2010

Date Printed: 12/24/2010
Tax Identification Number: XXXXXXXX5344

MARC D PEYSER DC
778 LONG RIDGE RD STE 102
STAMFORD CT 06902-1265

Notes:

Update your address, telephone number, email address and/or NPI information by visiting www.aetna.com/provweb/, www.aetnadental.com or www.aetnaglobalbenefits.com and select Update Personal Information.

Patient Name:

Claim ID: E6PAPJYR400 Recd: 12/24/10 Member ID: W177317910 Patient Account: 7022 1 PRA

Member:

Group Name:

Product: Aetna HealthFund® Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 7243 72210 8472

Group Number: 878265-41-110 N P1&Y-0

Network ID: 00387 AETNA CHOICE POS II

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	CCPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/24/10	11	98941AT	1.0	50.00	31.16							31.16
11/24/10	11	97035	1.0	20.00	12.49							12.49
11/24/10	11	97012	1.0	20.00	15.70							15.70
TOTALS				90.00	59.35							59.35

ISSUED AMT: \$59.35

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO, TX 79998-1106
CALL (888) 632-3862 FOR ASSISTANCE

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$59.35

Patient Name: (Self)

Claim ID: E6FAPJXVK00 Recd: 12/02/10 Member ID: W171139628 Patient Account: 7010 1 PRA

Member: CHARLES MCCOOL

Group Name: UBS FINANCIAL SERVICES INC.

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 8460 7291 7391

Group Number: 880791-10-011 AC P1&B0

Network ID: 00387 AETNA CHOICE POS II

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	CCPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/17/10	11	98941AT	1.0	50.00	31.16	31.16					31.16	0.00
11/17/10	11	97035	1.0	20.00	12.49	12.49					12.49	0.00
11/17/10	11	97012	1.0	20.00	15.70	6.35					6.35	9.35
TOTALS				90.00	59.35	50.00					50.00	9.35

ISSUED AMT: \$9.35

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO, TX 79998-1106
CALL (888) 632-3862 FOR ASSISTANCE

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$50.00

Claim Payment: \$9.35

Anthem  PO Box 533
North Haven CT 06473-0533

Anthem Blue Cross and Blue Shield is a trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Registered marks of the Blue Cross and Blue Shield Association. Please refer to the website (www.anthem.com) for provider service numbers.

PEYSER CHIROPRACTIC
SUITE 102
778 LONG RIDGE RD
STAMFORD, CT 06902

PROVIDER REMITTANCE

PAGE: 2 OF 6
DATE: 01/21/2011
ID NUMBER: 50PEYSERCCT01

Disregard ID Number - - internal use only.

CLAIM TOTALS			50.00	47.00	.00	30.00	.00	.00	17.00	30.00	
PATIENT INFORMATION FOR:			CLM: P572297900			PLAN CD: CTBAS MED.REC.NO: 006-5576 1 BS					
CONTRACT NO: XGN0647M49742			PROC CODE- SERVICE TREAT- STATUS	AMOUNT	AMOUNT	DEDUCT.	COPAY/	OTHER	RISK/AMOUNT	AMOUNT	PATIENT
MODIFIERS DATE(S) MENTS CODE			CHARGED	COVERED			COINS.	REDUCTION	WITHHELD	APPROVED	BALANCE
98941-AT	01/03/2011	1 A	50.00	47.00	.00	45.00	.00	.00	2.00	45.00	
	-01/03/2011	*A784 A946	50.00	47.00	.00	45.00	.00	.00	2.00	45.00	
98941-AT	01/07/2011	1 A	50.00	47.00	.00	45.00	.00	.00	2.00	45.00	
	-01/07/2011	*A784 A946	50.00	47.00	.00	45.00	.00	.00	2.00	45.00	
98941-AT	01/12/2011	1 A	50.00	47.00	.00	45.00	.00	.00	6.00	135.00	
	-01/12/2011	*A784 A946	150.00	141.00	.00	135.00	.00	.00	6.00	135.00	
CLAIM TOTALS			150.00	141.00	.00	135.00	.00	.00	6.00	135.00	
PATIENT INFORMATION FOR:			CLM: P572297100			PLAN CD: PKDIR MED.REC.NO: 001-6893 1 BS					
CONTRACT NO: XGN0460M50552			PROC CODE- SERVICE TREAT- STATUS	AMOUNT	AMOUNT	DEDUCT.	COPAY/	OTHER	RISK/AMOUNT	AMOUNT	PATIENT
MODIFIERS DATE(S) MENTS CODE			CHARGED	COVERED			COINS.	REDUCTION	WITHHELD	APPROVED	BALANCE
98941-AT	01/03/2011	1 A	50.00	47.00	.00	30.00	.00	.00	17.00	30.00	
	-01/03/2011	*A784 A946	50.00	47.00	.00	30.00	.00	.00	17.00	30.00	
CLAIM TOTALS			50.00	47.00	.00	30.00	.00	.00	17.00	30.00	
PATIENT INFORMATION FOR:			CLM: P572298400			PLAN CD: STATE MED.REC.NO: 006-4421 1 BS					
CONTRACT NO: XGT0830M50378			PROC CODE- SERVICE TREAT- STATUS	AMOUNT	AMOUNT	DEDUCT.	COPAY/	OTHER	RISK/AMOUNT	AMOUNT	PATIENT
MODIFIERS DATE(S) MENTS CODE			CHARGED	COVERED			COINS.	REDUCTION	WITHHELD	APPROVED	BALANCE
98941-AT	01/11/2011	1 A	50.00	47.00	.00	.00	.00	.00	47.00	.00	
	-01/11/2011	*A932	50.00	47.00	.00	.00	.00	.00	47.00	.00	
CLAIM TOTALS			50.00	47.00	.00	.00	.00	.00	47.00	.00	
PATIENT INFORMATION FOR:			CLM: P572299100			PLAN CD: PKS2 MED.REC.NO: 001-3192 1 BS					
CONTRACT NO: XGP9990864942			PROC CODE- SERVICE TREAT- STATUS	AMOUNT	AMOUNT	DEDUCT.	COPAY/	OTHER	RISK/AMOUNT	AMOUNT	PATIENT
MODIFIERS DATE(S) MENTS CODE			CHARGED	COVERED			COINS.	REDUCTION	WITHHELD	APPROVED	BALANCE
72100-00	01/03/2011	1 A	75.00	39.60	.00	.00	.00	.00	39.60	.00	
	-01/03/2011	*A932	50.00	47.00	.00	25.00	.00	.00	22.00	25.00	
98941-AT	01/03/2011	1 A	50.00	47.00	.00	25.00	.00	.00	22.00	25.00	
	-01/03/2011	*A784 A946	50.00	47.00	.00	25.00	.00	.00	22.00	25.00	
98941-AT	01/04/2011	1 A	50.00	47.00	.00	25.00	.00	.00	22.00	25.00	
	-01/04/2011	*A784 A946	50.00	47.00	.00	25.00	.00	.00	22.00	25.00	
98941-AT	01/06/2011	1 A	50.00	47.00	.00	25.00	.00	.00	22.00	25.00	
	-01/06/2011	*A784 A946	50.00	47.00	.00	25.00	.00	.00	22.00	25.00	
98941-AT	01/10/2011	1 A	50.00	47.00	.00	25.00	.00	.00	22.00	25.00	
	-01/10/2011	*A784 A946	275.00	227.60	.00	100.00	.00	.00	127.60	100.00	
CLAIM TOTALS			275.00	227.60	.00	100.00	.00	.00	127.60	100.00	
PATIENT INFORMATION FOR:			CLM: P572299500			PLAN CD: PKDIR MED.REC.NO: 006-1968 1 BS					
CONTRACT NO: XGN0841M45206			PROC CODE- SERVICE TREAT- STATUS	AMOUNT	AMOUNT	DEDUCT.	COPAY/	OTHER	RISK/AMOUNT	AMOUNT	PATIENT
MODIFIERS DATE(S) MENTS CODE			CHARGED	COVERED			COINS.	REDUCTION	WITHHELD	APPROVED	BALANCE
98941-AT	01/07/2011	1 A	50.00	47.00	.00	30.00	.00	.00	17.00	30.00	
	-01/07/2011	*A784 A946	50.00	47.00	.00	30.00	.00	.00	17.00	30.00	
98941-AT	01/10/2011	1 A	50.00	47.00	.00	30.00	.00	.00	34.00	60.00	
	-01/10/2011	*A784 A946	100.00	94.00	.00	60.00	.00	.00	34.00	60.00	
CLAIM TOTALS			100.00	94.00	.00	60.00	.00	.00	34.00	60.00	
PATIENT INFORMATION FOR:			CLM: P572297700			PLAN CD: PKS2 MED.REC.NO: 006-6055 1 BS					
CONTRACT NO: XGP0627M20036			PROC CODE- SERVICE TREAT- STATUS	AMOUNT	AMOUNT	DEDUCT.	COPAY/	OTHER	RISK/AMOUNT	AMOUNT	PATIENT
MODIFIERS DATE(S) MENTS CODE			CHARGED	COVERED			COINS.	REDUCTION	WITHHELD	APPROVED	BALANCE
98941-AT	01/08/2011	1 A	50.00	47.00	.00	10.00	.00	.00	37.00	10.00	
	-01/08/2011	*A784 A946	50.00	47.00	.00	10.00	.00	.00	37.00	10.00	

In Connecticut, Anthem Blue Cross and Blue Shield is a trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association & Registered marks of the Blue Cross and Blue Shield Association.

Please refer to the website (www.anthem.com) for provider service numbers.

PROVIDER REMITTANCE

PEYSER CHIROPRACTIC
SUITE 102
778 LONG RIDGE RD
STAMFORD, CT 06902

PAGE: 9 OF 9
DATE: 11/19/2010
ID NUMBER: 50PEYSERCCT01

Disregard ID Number - - internal use only.

PATIENT INFORMATION FOR:

CLM: P378535300 PLAN CD: PP2K MED.REC.NO: 6310 1 BS

CONTRACT NO. XGC0868M49780

PROC.CODE- MODIFIERS	SERVICE DATE(S)	TREAT- MENTS	STATUS CODE	AMOUNT CHARGED	AMOUNT COVERED	DEDUCT.	COPAY/ COINS.	OTHER REDUCTION	RISK/AMOUNT WITHHELD	AMOUNT APPROVED	PATIENT BALANCE
98941-AT	11/01/2010	1	A	50.00	47.00	.00	45.00	.00	.00	2.00	45.00
	-11/01/2010	*A784	A946								
98941-AT	11/03/2010	1	A	50.00	47.00	.00	45.00	.00	.00	2.00	45.00
	-11/03/2010	*A784	A946								
98941-AT	11/10/2010	1	A	50.00	47.00	.00	45.00	.00	.00	2.00	45.00
	-11/10/2010	*A784	A946								
CLAIM TOTALS				150.00	141.00	.00	135.00	.00	.00	6.00	135.00

PAYMENT SUMMARY

TOTAL AMOUNT PAID : 2004.94
PRIOR CREDIT BALANCE : .00
CURRENT CREDIT DEFERRED : .00
PRIOR CREDIT APPLIED : .00
NEW CREDIT BALANCE : .00
NET DISBURSED : 2004.94

CHECK AMOUNT : 2004.94

TOTAL ALL CLAIMS

AMOUNT CHARGED : 4755.00
AMOUNT COVERED : 3636.94
DEDUCTIBLE : 517.00
COPAY/COINS : 1115.00
OTHER REDUCTION : .00
AMOUNT APPROVED : 2004.94
PATIENT BALANCE : 1982.00
TOTAL CREDITS : .00
RISK/AMOUNT WITHHELD : .00

CHECK/DEPOSIT INFORMATION

CHK NUMBER : 2007100939
DATE : 11/19/2010
AMOUNT : 2004.94

STATUS CODES:

A - APPROVED AJ - ADJUSTMENT IP - IN PROCESS R - REJECTED V - VOID

***EXPLANATION CODES:**

A784 AMOUNT PAID REDUCED BECAUSE OF COPAYMENT. AMOUNT COVERED LIMITED TO WHAT YOUR HEALTH PLAN'S ALLOWANCE IS FOR THIS PROCEDURE.
A840 AMOUNT PAID HAS BEEN REDUCED BECAUSE OF DEDUCTIBLE.
A931 AMOUNT PAID HAS BEEN REDUCED BECAUSE OF DEDUCTIBLE. AMOUNT COVERED LIMITED TO WHAT YOUR HEALTH PLAN'S ALLOWANCE IS FOR THIS PROCEDURE.
A932 AMOUNT COVERED LIMITED TO WHAT YOUR HEALTH PLAN'S ALLOWANCE IS FOR THIS PROCEDURE.
A946 AMOUNT PAID HAS BEEN REDUCED BY THE COPAYMENT AMOUNT FOR THIS SERVICE.
A950 THIS SERVICE IS CONSIDERED SECONDARY TO MEDICARE
BE07 PATIENT NOT FOUND ON MEMBERSHIP NUMBER SUBMITTED, OR THE SOCIAL SECURITY NUMBER SUBMITTED DOES NOT MATCH PATIENT'S NAME, DATE OF BIRTH AND SEX. CLAIM SHOULD BE SUBMITTED WITH THE IDENTIFICATION NUMBER SHOWN ON YOUR PATIENT'S IDENTIFICATION CARD.
BF16 ACCORDING TO THE TERMS OF YOUR PLAN, THIS SERVICE IS NOT COVERED BECAUSE THE REQUIRED PRIOR AUTHORIZATION WAS NOT OBTAINED.
BXJ1 PROCEDURE SUBMITTED INAPPROPRIATELY WITH MULTIPLE UNITS. THE PROCEDURE WAS PROCESSED BASED ON ONE UNIT.
B805 SERVICES WERE RENDERED AFTER THE CANCELLATION DATE FOR THIS MEMBER.
B877 THE MAXIMUM CONTRACT BENEFIT FOR THIS TYPE OF SERVICE HAS PREVIOUSLY BEEN PAID.

Landmark Healthcare, Inc.
Remittance Advice
HEALTH NET

JAN 3 2010 Page 1

PEYSER, MARC D.
 778 LONG RIDGE RD
 STE 102
 STAMFORD, CT 06902

Vendor Number CT0020B
 Check Number 382759
 Check Date 12/31/2010
 Check Payment \$4.23

Procedure Description	Total Billed	Allowable	Other Ins	Withhold	Discount	Copay/Coinsurance	Applied to Deductible	Total Adj Paid	Code(s)
Practitioner CT0020B PEYSER, MARC									
Claim Number 10351E030 Patient									
10 98941AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
10 98941AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
Claim 10351E030 totals	100.00	88.46				88.46	0.00		
Practitioner CT0020B PEYSER, MARC									
Claim Number 10351E024 Patient									
10 98941AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
10 98941AT Spinal manipulation	50.00	0.00					0.00	45.18	
10 97035 Ultrasound	20.00	0.00					0.00	45	
10 97012 Mechanical traction	20.00	0.00					0.00	45	
10 98941AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
10 98941AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
Claim 10351E024 totals	240.00	132.69				132.69	0.00		
Practitioner CT0020B PEYSER, MARC									
Claim Number 10351E034 Patient									
10 9921125 Evaluation	50.00	0.00					0.00	45	
10 98940AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
10 98940AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
Claim 10351E034 totals	150.00	88.46				88.46	0.00		
Practitioner CT0020B PEYSER, MARC									
Claim Number 10351E027 Patient									
9-10 98940AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
3-10 98940AT Spinal manipulation	50.00	44.23				44.23	0.00	45	
Claim 10351E027 totals	100.00	88.46				88.46	0.00		
Practitioner CT0020B PEYSER, MARC									
Claim Number 10351E037 Patient									
6-10 98941AT Spinal manipulation	50.00	44.23				40.00	4.23	45	
Claim 10351E037 totals	50.00	44.23				40.00	4.23		
Practitioner CT0020B PEYSER, MARC									
Claim Number 10351E028 Patient									
13-10 98941AT Spinal manipulation	50.00	0.00					0.00	119	
Claim 10351E028 totals	50.00	0.00					0.00		
Practitioner CT0020B PEYSER, MARC									
Claim Number 10351E042 Patient									
13-10 98941AT Spinal manipulation	50.00	0.00					0.00	18	
Claim 10351E042 totals	50.00	0.00					0.00		
Vendor CT0020B totals									
	740.00	442.30				349.61	88.46	4.23	

Landmark Healthcare, Inc.
Remittance Advice
HEALTH NET

JAN 27 2010

Page 1

PEYSER, DR MARC
 1048 NEWFIELD AVE.
 STAMFORD, CT 06905

Vendor Number CT00202
 Check Number 313226
 Check Date 1/22/2010
 Check Payment \$46.92

Service Date	Procedure Description	Total Billed	Allowable	Other Ins	Withhold	Discount	Copay	Coinsurance	Applied to Deductible	Total Adj Paid	Code(s)
** Claim Number 10006P076 Patient		Practitioner CT00202 PEYSER, MARC									
2-17-09	99203 Initial evaluation	150.00	59.00						59.00	0.00	45
2-17-09	72100 Lumbosacral x-ray	75.00	34.12						34.12	0.00	45
Claim 10006P076 totals		225.00	93.12						93.12	0.00	
** Claim Number 10015P100 Patient		Practitioner CT00202 PEYSER, MARC									
-06-10	98941 AT Spinal manipulation	50.00	44.23					44.23		0.00	45
Claim 10015P100 totals		50.00	44.23					44.23		0.00	
** Claim Number 10015P099 Patient		Practitioner CT00202 PEYSER, MARC									
-08-10	98941 AT Spinal manipulation	50.00	44.23					44.23		0.00	45
-11-10	98941 AT Spinal manipulation	50.00	44.23					44.23		0.00	45
Claim 10015P099 totals		100.00	88.46					88.46		0.00	
** Claim Number 10006P061 Patient		Practitioner CT00202 PEYSER, MARC									
-16-09	98941 AT Spinal manipulation	50.00	0.00							0.00	197
Claim 10006P061 totals		50.00	0.00							0.00	
** Claim Number 100069961 Patient		Practitioner CT00202 PEYSER, MARC									
-18-09	98941 Spinal manipulation	50.00	44.23					20.00		24.23	45
Claim 100069961 totals		50.00	44.23					20.00		24.23	
** Claim Number 10015P087 Patient		Practitioner CT00202 PEYSER, MARC									
-04-10	98941 AT Spinal manipulation	50.00	44.23					40.00		4.23	45
Claim 10015P087 totals		50.00	44.23					40.00		4.23	
** Claim Number 10006P069 Patient		Practitioner CT00202 PEYSER, MARC									
-28-09	98941 AT Spinal manipulation	50.00	0.00							0.00	133
-31-09	98941 AT Spinal manipulation	50.00	0.00							0.00	133
Claim 10006P069 totals		100.00	0.00							0.00	
** Claim Number 10015P096 Patient		Practitioner CT00202 PEYSER, MARC									
-04-10	98941 AT Spinal manipulation	50.00	44.23					40.00		4.23	45
Claim 10015P096 totals		50.00	44.23					40.00		4.23	
** Claim Number 100120011 Patient		Practitioner CT00202 PEYSER, MARC									
-18-09	98941 AT Spinal manipulation	50.00	44.23					30.00		14.23	45
Claim 100120011 totals		50.00	44.23					30.00		14.23	

American Specialty Health Networks, Inc.

REMITTANCE ADVICE FOR TIN: 061015344

Page: 2

From: MARC D PEYSER Check Date: / / Check Number: 0 Check Amt.: \$0.00

Name: Group No.: 3207668-R2F59-PO401
 Member ID: XXXXXX Benefits:
 Plan/Insurance Co.: CIGNA TRI-STATE Visits per year: 30
 Provider: Marc Peyser Office Copay: \$45.00
 ID: 23192646 E-Claim #: 53439123 Received: 01/15/2010 Posted: 01/29/2010

CPT Code	Description	Provider Billed Amount	Allowed Amt.	Explanation Codes
2010 98940	CHIRO MANIPULATIVE TMT SPINAL,	\$50.00	\$32.00	
2010 97035	ULTRASOUND	\$20.00	\$12.00	
2010 97012	MECHANICAL TRACTION	\$20.00	\$0.00	11
Totals:		\$90.00	\$44.00	

- Member Payment: \$44.00

Claim Paid Amount*: \$0.00

- Previously Paid: \$0.00

Amount Paid: \$0.00

Primary Payor should Coordinate Benefits with this Amount.

Notes:

Selected services were paid at contracted fee schedule.

Explanation Codes:

Service falls under the per-diem rate. (97)

Codes:

Amount is included in the allowance for another service/procedure.